

Form No 1.

(1) PLACE OF BIRTH

County of Clarendon

Township of Carencro

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42281

Registration District No. 1202

Registered No. 57

(For use of Local Registrar)

(2) Full Name of Child Ed Richbourg

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec. 15 1915  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Chas Richbourg

(9) PRESENT POSTOFFICE OF FATHER Summerton, S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Clarendon

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Lou Walker

(15) PRESENT POSTOFFICE OF MOTHER Summerton, S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Clarendon

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Doughty

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Summerton

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 15 1915 (28) R.H. Broadway, Jr. & Co. Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.